

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 020 ***150.00

DOCUMENT # P02000125796

1. Entity Name
LABOCK TECHNOLOGIES, INC.



Principal Place of Business
**1495 N PARK DR
WESTON, FL 33326**

Mailing Address
**1495 N PARK DR
WESTON, FL 33326**

14003331



2. Principal Place of Business
1600 North Park Dr
Suite, Apt. #, etc.

3. Mailing Address
1600 North Park Dr
Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
33-1031767

Applied For
☐ Not Applicable

Zip Country
33326 USA

Zip Country
33326 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD NW STE 401
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **John QUARANTA**

Street Address (P.O. Box Number is Not Acceptable)

1600 North Park

City **Weston** **FL** Zip Code **33326**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Quaranta** **JOHN QUARANTA** **4/26/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PTOC** ☐ Delete
NAME **DAVIDOV, CARLOS**
STREET ADDRESS **16260 SADDLE CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **ASAT** ☒ Delete
NAME **DAVIDOV, MARIE**
STREET ADDRESS **16260 SADDLE CLUB RD**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **D** ☐ Delete
NAME **LABOCK, JOSEPH**
STREET ADDRESS **200 LESLIE DR. APT.**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1600 North Park Drive**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1600 North Park Drive**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☒ Addition
NAME **Alfred Nardi**
STREET ADDRESS **1600 North Park Drive**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☒ Addition
NAME **John Quaranta**
STREET ADDRESS **1600 North Park Drive**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☒ Addition
NAME **Alan Pritzker**
STREET ADDRESS **1600 North Park Drive**
CITY-ST-ZIP **Weston, FL 33326**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Quaranta** **SECRETARY** **4/26/05** **954. 335. 3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #